



# South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

## Nurse Aide

### Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing  
722 Main Street, Suite 3  
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions Menno  
Address: 1000 W. 4th St Suite 9  
Yankton SD 57078  
Phone Number: 605 668 8475 Fax Number: 605 668-8483  
E-mail Addresses of Primary Coordinator and/or Instructor: Gmaag@avera.org

☒ **Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

☐ Attach curriculum vita, resume, or work history

RN LICENSE			
Name of Program Coordinator	State	Number	Expiration Date
<u>Gwen Maag RN</u>	<u>SD</u>	<u>R032347</u>	<u>05/29/14</u>
Verification (Completed by: <u>SDBON</u> )			

☒ **Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)

☐ Attach curriculum vita, resume, or work history,

☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

RN OR LPN LICENSE			
Name of Primary Instructor	State	Number	Expiration Date
<u>Gwen Maag RN</u>	<u>SD</u>	<u>R032347</u>	<u>05/29/14</u>
Verification (Completed by: <u>SDBON</u> )			

☒ **Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)

☐ Attach curriculum vita, resume, or work history.

LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number	Expiration Date
<u>Peggy Werdel</u>	<u>SD</u>	<u>P004056</u>	<u>07/06/14</u>
Verification (Completed by: <u>SDBON</u> )			

Program Coordinator Signature: Gwen Maag

Date: 05/01/13

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>5/13/13</u>	Date Application Denied:
Date Approved: <u>6/14/13</u>	Reason for Denial:
Expiration Date of Approval: <u>April 2015</u>	
Board Representative: <u>John</u>	
Date Notice Sent to Institution: <u>6/14/13</u>	

October 20, 2011